DOCUMENT RESUME

ED 396 210 CG 027 123

AUTHOR Erchul, William P.; Myers, Lynne W.
TITLE Some Misguided Assumptions Underlying the Practice of School Consultation.
PUB DATE [95]
NOTE 17p.; Paper presented at the Annual Meeting of the National Association of School Psychologists (Atlanta, GA, March 12-16, 1996).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Consultants; *Consultation Programs; *Counselor Teacher Cooperation; Elementary Secondary Education; Guidance Personnel; School Counseling; School Counselors; *School Psychologists

ABSTRACT

School psychologists typically spend about 80% of their time engaged in consultation. By applying empirical findings and/or straightforward logic to assumptions commonly held by many school-based consultants, questions are raised as to the appropriateness of assumptions for the effective practice of school consultation. These assumptions include the following: (1) the collaborative consultant is non-directive; (2) the teacher and the psychologist are equal partners in consultation; (3) teachers prefer a collaborative consultation; (4) behavioral consultation proceeds exactly the way the model describes it; (5) the teacher is a voluntary partner in the consultation process; and (6) confidentiality is always and should always be maintained in consultation. The paper also challenges the assumption that behavioral consultation should always follow the model for consultation. It is noted that the resolution of the issue of whether to "consult" or "collaborate" may have great relevance for the practice of school psychology. A series of suggestions for the future practice of school consultation is presented. One table summarizes the key distinctions between mental health consultation and collaboration. Contains 20 references. (TS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 396 210

Some Misguided Assumptions Underlying the Practice of School Consultation

William P. Erchul

Lynne W. Myers

North Carolina State University

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

W. ERCHUL

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

In T. S. Watson (Chair), "Developing Quality Interventions: Assumptions, Integrity, and Indexing Outcomes in Consultation," symposium presented at the annual meeting of the National Association of School Psychologists, Atlanta, March 12-16, 1996.

Direct correspondence to William P. Erchul, Ph. D., NCSP, Department of Psychology, North Carolina State University, Raleigh, NC 27695-7801, or ERCHUL@POE.COE.NCSU.EDU

CG027123

BEST COPY AVAILABLE

Some Misguided Assumptions Underlying the Practice of School Consultation

School psychologists typically spend about 20% of their time engaged in consultation, and report that consultation is one of the most (if not the most) preferred of their service delivery activities (Fagan & Wise, 1994). Consequently, there has been a great interest on the part of school psychologists to make consultation as an intervention more powerful. Progress has been slow, however, as consultation research continues to lag behind other areas of school psychological practice, such as intellectual assessment (Reynolds, Gutkin, Elliott, & Witt, 1984).

As empirical data slowly replace conjecture as the primary basis for the effective practice of school consultation, it would seem important to reassess common assumptions underlying consultation. Also, where data are lacking, it may be useful to re-evaluate the utility of certain ideas that have been applied--perhaps rather uncritically--to the practice of school consultation. The purpose of this paper, therefore, is to offer an updated perspective through which to view some of consultation's "standard operating procedures."

We begin our analysis by reviewing some common assumptions held by many school-based consultants. Then, we examine how these assumptions may in fact be misguided when subjected to empirical and/or logical scrutiny. This progression leads us to consider a variation on school consultation, termed mental health collaboration (Caplan & Caplan, 1993). We conclude by offering

some considerations for improving the practice of school consultation.

Some Common Assumptions of School Consultation

How certain assumptions to school consultative practice came to be is unclear. As Witt (1990) somewhat irreverently stated, "Perhaps the founding fathers and mothers of consultation, faced with carving out an identity for a new endeavor, did what advertising executives, religious leaders, and politicians have always done to bolster the foundation and support for a good cause: They made it up" (p. 367). Some assumptions can be attributed to Gerald Caplan (1970; Caplan & Caplan, 1993), and these include the following:

1. The optimal working relationship between consultant and consultee is coordinate and nonhierarchical, and ideally there is no power differential between these participants.

2. The consultee retains the freedom to accept or reject whatever guidance the consultant may offer. In other words, consultation is considered to be a voluntary relationship.

3. The ultimate professional responsibility for the client's welfare remains with the consultee, not the consultant. The consultant, therefore, is under no compulsion to modify the consultee's conduct of the case.

4. Messages exchanged between consultant and consultee are to be held in confidence, unless the consultant believes someone will be harmed if silence is maintained.

Ironically, Caplan (1993) was very surprised to learn that school psychologists found his approach to consultation useful in

their work. Caplan's 1970 book, The Theory and Practice of Mental Health Consultation, was the most frequently cited book in articles that were published in the Journal of School Psychology from 1963 to 1982 (Caplan, Caplan, & Erchul, 1995; Oakland, 1984). Caplan's surprise stemmed largely from the fact that his model of mental health consultation was designed originally for external consultants who had extensive psychodynamic training. We shall return to the issue of the internal vs. external consultant issue later.

Some Misguided Assumptions of School Consultation

Applying empirical findings and/or straightforward logic to these assumptions raises questions as to their appropriateness for the effective practice of school consultation. Here are some assumptions we think should be carefully re-examined

The collaborative consultant is non-directive. The assumption that the non-directive consultant is more effective in consultation is based on the theoretical notion that telling people what to do is not very effective in achieving behavioral change. Empirical evidence suggests that, at least for consultation in the schools, the directive approach is often better. Relational communication research conducted by Erchul, Hughes, Martens, Meyers, and Witt (Erchul, 1987; Erchul, Covington, Hughes, & Meyers, 1995; Erchul & Chewning, 1990; Martens, Erchul, & Witt, 1992) has examined how the consultant controls the process of consultation. In general, when the consultant directs the process of consultation, meaning making

requests of the consultee and controlling the topics discussed, teacher ratings of the effectiveness of the consultant increase.

The teacher and the psychologist are equal partners in consultation. Although egalitarian relationships are politically correct and frequently desirable, it is misguided to assume that teachers and psychologists are equal partners in consultation. In the process of consultation, psychologist and teacher are equal to the extent that each possesses information and strategies that will assist the other in meeting the ultimate goal of solving a classroom problem. Although the teacher and the psychologist are likely to both be women, and of a similar age and socioeconomic status, they may be considered unequal partners for several reasons. First, consultation typically is initiated by a teacher who has exhausted his or her resources for solving a classroom problem. Zins and Erchul (1995) have referred to this as a difference of "need," with the teacher needing the psychologist more than the reverse.

Differences in entry-level salary schedules highlight the inequalities present in the consultative relationship. In North Carolina, for example, currently there is a 20% difference in salary between the first year teacher and first year psychologist with a specialist degree. The difference increases to 24% for doctoral level psychologists. Entry-level educational requirements further ensure inequality between the psychologist and the teacner. Most teachers have bachelor's degrees, while most school psychologists have a specialist degree at the minimum. Finally, expectations about the roles of teacher and psychologist

produce inequalities. Psychologists are expected to help teachers with children, whether through consultation, individual interventions or therapy, or a refer-test-place sequence.

Teachers prefer a collaborative consultation. Although this assumption is related to the misguided assumption of equal partnership in consultation, there is evidence to suggest that teachers prefer a prescriptive, rather than a collaborative approach. Brown, Pryzwansky, and Schulte (1995) have described constraints on the consultative relationship that decrease the liklihood of "real" collaboration. Teachers are typically trained to deliver a prescribed curriculum rather than to problem-solve on a case-by-case basis, and may feel more comfortable using a prescriptive approach to individual child problems. Teachers also have time constraints that limit the extent of their involvement in consultation, and collaboration is more time consuming than a prescriptive approach.

Empirical evidence collected by Doug and Lynn Fuchs has supported a prescriptive approach, showing stronger academic gains for students when consultation is prescriptive rather than collaborative (Fuchs, Fuchs, Bahr, Fernstrom, & Stecker, 1990).

Behavioral consultation proceeds exactly the way the model describes it. Behavioral consultation is designed to proceed through four stages, beginning with a description of the problem, proceeding to a functional analysis of the problem and appropriate data collection, implementation of an intervention, and finally an evaluation of the intervention's success (Bergan & Kratochwill, 1990). It is a misguided assumption to believe that at each stage

the teacher and the psychologist contribute equally, are equally invested, or always have the time to commit to the problem-solving process. Brown, Pryzwansky, and Schulte (1995) have described "The 15-Minute Consultation" as a solution to the time constraints confronting consultation in the schools. Rarely will teachers or psychologists have the uninterrupted time to commit to the behavioral consultation model, but that should not undermine the value of consultation as a legitimate way to address teacher concerns.

The teacher is a voluntary partner in the consultation process. An assumption in consultation has been that a teacher requests assistance with a problem in the classroom, works with the consultant to develop a strategy to alleviate the problem, is motivated to apply the strategy to produce improvement, and terminates the consultation when the goal has been reached or it is clear that consultation will not be effective in resolving the problem. In fact, teachers may not perceive their role in the process to be entirely voluntary. Lambert (1974) pointed out that the teacher is not autonomous, and can be directed by the principal to work with a consultant. Teachers may also voluntarily seek assistance for a problem without voluntarily committing to change. Harris and Cancelli (1991) have conceptualized voluntariness as a continuous variable that takes into account both the teacher's motivation to seek help and the commitment to change.

Confidentiality is always and should always be maintained in consultation. Confidentiality in a school setting often is a

misguided assumption for several reasons. Multiple staff persons are likely to be aware of the psychologist's presence, and of the teachers who are working with the psychologist. In a school setting one of the "costs" of consultation may be that the teacher has to request help beyond the customary problem solving resources in the school. On the other hand, this lack of confidentiality has the potential to normalize the consultation process, and to increase other teacher's willingness to request help. Teachers may begin to request help earlier, when they are more interested in problem-solving to achieve change, rather than when they have exhausted their patience and resources to deal with the problem. Confidentiality regarding the solution to a particular problem may be undesirable as well. Children function in multiple settings within the school, and solutions generated in one setting may need to be applied to those other settings. Complete confidentiality would limit the child's success by limiting opportunities for generalization across settings.

Comparison of Consultation with Collaboration

The original idea of the mental health consultant was of a clinically trained professional whose home base was outside the consultee's work setting (Caplan, 1970; Caplan & Caplan, 1993). As the practice of consultation grew, however, consultants were hired more often as regular staff members of various organizations, including schools. Given the relatively recent appearance of internal, school-based consultants, it is important to note that some key assumptions underlying their work are based on the consultant being external to the school. Consequently, a

lack of fit between some time-honored beliefs regarding school consultation and the realities of school-based practice is apparent, and our preceding six misguided assumptions illustrated this point.

In addition to a first misguided assumption that the school consultant is always external, a second consideration is that organizational factors often force a school psychologist to adopt a "hands-on" direct action approach rather than a facilitative, advisory approach characteristic of the external consultant. Third, a school psychologist working as an internal consultant may find it difficult to serve non-hierarchically in a school when he or she possesses more knowledge about learning, instruction, and behavior management than some teachers. Fourth, the dimensions of voluntariness, which include participation in the process of consultation and, more importantly, in treatment implementation, cannot be assumed. Voluntariness on one dimension may not be associated with voluntariness on the other. Fifth, actions taken in schools today are often the result of a team problem-solving approach; it is only natural that problem solving via consultation would occur in small groups rather than meeting one-on-one with a consultant. Sixth, strict confidentiality of communications often cannot be observed when a consultant is internal because of the institutional realities of schools and the clear need to share relevant information among interested parties. Finally, a school psychologist consultant may see it as unacceptable for a teacher to reject his or her expert viewpoint about a situation when the

BEST COPY AVAILABLE

psychologist shares responsibility for the outcome and wants to increase treatment integrity.

Recognition of the inadvisability of certain elements of consultative practice for the internal consultant has led to the development of a different approach termed mental health collaboration (Caplan & Caplan, 1993; Caplan, Caplan, & Erchul, 1994, 1995). Table 1 summarizes the key distinctions between mental health consultation and collaboration, and takes into account our earlier list of misguided assumptions.

To the extent a school psychologist is a true internal consultant, he or she may benefit from using the assumptions of mental health collaboration rather than mental health consultation. Along these lines, Caplan (1993) has stated strongly that mental health collaboration eventually must replace mental health consultation as the most frequent mode of interprofessional communication used by mental health specialists who are staff members of an organization. The resolution of the issue of whether we should "consult" or "collaborate" may have great relevance for the future practice of school psychology.

Suggestions for Effective Practice

To close, we wish to offer several conclusions in the form of suggestions for enhancing the practice of school consultation.

1. Treatment integrity within consultation hinges largely on consultee's freedom to accept or reject the intervention; therefore, the consultant should consider the use of social influence and social support to increase the odds of intervention acceptance and integrity. As we reviewed, in the mental health

collaboration model, the psychologist assumes a more direct responsibility for the mental health outcomes of the client, and the consultee is not free to accept or reject the consultant's advice because consultant and consultee jointly agree on the best possible plan for the client. When this model is used, treatment integrity should increase, because the consultant will develop a plan that is manageable within the setting where it will be applied.

2. The consultant should consider the positive elements that his or her exercise of social power and influence can bring to the consultative relationship. Although it is expected that some school psychologists will experience some professional dissonance when using influence strategies in consultation, the exercise of influence may be required to achieve treatment integrity. Along these lines, a recent model of school consultation (Erchul & Martens, in press) proposes social influence (along with problem solving and support and development) as the key tasks for the consultant to complete.

3. The consultant should consider exploring with the consultee the degree of voluntariness of his or her participation. Rather than assuming that the teacher wholeheartedly agrees to participate in consultation and to adopt an intervention strategy that is in the best interests of the child, the consultant should explore with the consultee the extent of voluntariness. Questions might include, "what prompted you to consider consultation as a solution to this problem?" or "what might be the <u>best</u> way to resolve this problem?"

4. As appropriate, the consultant should consider explicitly acknowledging status and role differences that exist between him or her and the consultee. This may combine well with the preceding suggestion. The consultant might find it effective to acknowledge that although he or she may possess knowledge of a wide variety of behavioral techniques that could solve the problem, the best solution is the one that will be implemented correctly, and therefore a plan that the teacher explicitly agrees to follow.

5. The consultant should consider the realistic limits on confidentiality within consultation, given the constraints of the typical school setting. By acknowledging the limits of confidentiality, the psychologist normalizes the process of consultation, and promotes generalization of the intervention.

6. All previous suggestions combined, the consultant should consider the relative merits of a mental health collaboration model for the practice of school psychology.

References

Bergan, J. R., & Kratochwill, T. R. (1990). Behavioral consultation and therapy. New York: Plenum.

Brown, D., Pryzwansky, W. B., & Schulte, A. C. (1995). Psychological consultation: Introduction to theory and practice (3rd ed.). Boston: Allyn and Bacon.

Caplan, G. (1970). The theory and practice of mental health consultation. New York: Basic Books.

Caplan, G. (1993). Epilogue. In W. P. Erchul (Ed.), Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology (pp. 205-213). Washington, DC: Taylor & Francis.

Caplan, G., & Caplan, R. B. (1993). Mental health consultation and collaboration. San Francisco: Jossey-Bass.

Caplan, G., Caplan, R. B., & Erchul, W. P. (1994). Caplanian mental health consultation: Historical background and current status. Consulting Psychology Journal: Practice and Research, 46(4), 2-12.

Caplan, G., Caplan, R. B., & Erchul, W. P. (1995). A contemporary view of mental health consultation: Comments on "Types of mental health consultation" by Gerald Caplan (1963). Journal of Educational and Psychological Consultation, 6, 23-30.

Erchul, W. P. (1987). A relational communication analysis of control in school consultation. Professional School Psychology, 2, 113-124.

Erchul, W. P., & Chewning, T. G. (1990). Behavioral consultation from a request-centered relational communication perspective. School Psychology Quarterly, 5, 1-20.

Erchul, W. P., Covington, C. G., Hughes, J. N., & Meyers, J. (1995). Further explorations of request-centered relational communication within school consultation. School Psychology Review, 24, 621-632.

Erchul, W. P., & Martens, B. K. (in press). School consultation: Conceptual and empirical bases of practice. New York: Plenum.

Fagan, T. K., & Wise, P. S. (1994). School psychology: Past, present, and future. White Plains, NY: Longman.

Fuchs, D., Fuchs, L. S., Bahr, M. W., Fernstrom, P., & Stecker, P. M. (1990). Prereferral intervention: A prescriptive approach. Exceptional Children, 56, 493-513.

Harris, A. M., & Cancelli, A. A. (1991). Teachers as volunteer consultees: Enthusiastic, willing, or resistant participants? Journal of Educational and Psychological Consultation, 2, 217-238.

Lambert, N. M. (1974). A school based consultation model. Professional Psychology, 5, 267-276.

Martens, B. K., Erchul, W. P., & Witt, J. C. (1992). Quantifying verbal interactions in school-based consultation: A comparison of four coding schemes. School Psychology Review, 21, 109-124.

Oakland, T. (1984). The Journal of School Psychology's first twenty years: Contributions and contributors. Journal of School Psychology, 22, 239-250.

Reynolds, C. R., Gutkin, T. B., Elliott, S. N., & Witt, J. C. (1984). School psychology: Essential of theory and practice. New York: Wiley.

Witt, J. C. (1990). Collaboration in school-based consultation: Myth in need of data. Journal of Educational and Psychological Consultation, 1, 367-370.

Zins, J. E., & Erchul, W. P. (1995). Best practices in school consultation. In A. Thomas & J. Grimes (Eds.), Best practices in school psychology-III (pp. 609-623). Washington, DC: National Association of School Psychologists.

Table 1

Mental Health Consultation vs. Mental Health Collaboration

(Adapted from Caplan, Caplan, & Erchul, 1994, 1995)

1. Location of consultant's home base:	
	Consultation: External
	Collaboration: Internal
2. Type of psychological service:	
	Consultation: Generally indirect
	Collaboration: Direct and indirect
3. Consultant-consultee relationship:	
	Consultation: Coordinate and nonhierarchical
	Collaboration: Status and role differences acknowledged
4. Consultee participation:	
	Consultation: Assumed to be voluntary
	Collaboration: Participation may be forced
5. Interpersonal working arrangement:	
	Consultation: Often dyadic
	Collaboration: Generally team-based
6. Confidentiality of communications within relationship:	
	Consultation: Assumed to exist
	Collaboration: Not assumed to exist
7. Consultee freedom to accept or reject consultant advice:	
	Consultation: Assumed to exist
	Collaboration: Not assumed to exist
8. Consultant responsibility for outcome:	
	Consultation: Not generally assumed
	Collaboration: Shared responsibility assumed

3/31/96